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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/538,036	06/08/2005	Tadahiko Hirai	03500.017983	8910	
	7590 04/21/200 CELLA HARPER &		EXAMINER		
30 ROCKEFELLER PLAZA			CHOWDHURY, AFROZA Y		
NEW YORK, N	W YORK, NY 10112 ART UNIT PAPEL		PAPER NUMBER		
			2629		
			MAIL DATE	DELIVERY MODE	
			04/21/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/538,036 HIRAI ET AL.		
interview Summary	Examiner	Art Unit	
	AFROZA Y. CHOWDHURY	2629	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>AFROZA Y. CHOWDHURY</u> .	(3)		
(2) <u>John Krause</u> .	(4)		
Date of Interview: <u>14 April 2008</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant	2)⊠ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. o	g)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant's representative</u>			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	e last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP Y DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action	Examiner's signature, if requi	red	

Application No.

Applicant(s)